

EPN Access to essential medicines study

Drug supply organization/agency self-assessment survey

1 SOURCES OF INFORMATION

A number of the EPN guidelines for improving access to medicines relate to the existence of a functioning drug supply organization (DSO). This short survey aims to ascertain whether there is a functioning DSO, using the EPN access to essential medicines guidelines as a reference. This differs from the WHO/EPN/DSO study, which looks at a different range of issues.

2 INSTRUCTIONS

Please note that this survey is for ALL drug supply organizations and should therefore include government, faith-based, and commercial organizations. The Executive Director of each DSO should answer this survey, if at all possible.

This survey should be carried out face-to-face (this should be possible as many DSOs are based in or near the capital) or, if necessary, over the telephone. It is also possible that a senior staff member of each DSO could complete the form and return it themselves.

Informants should be told that:

- A 'no' is not a failure – it just indicates the situation. It means “no, the information does not exist” and that you therefore do not know the answer.
- A 'yes' means that we may come back to you for further details and ask you to tell others how you manage this.
- The results will be held confidentially and respondents will receive a copy of the final report.

EPN Access to essential medicines study

Drug supply organization/agency self-assessment survey

Dear respondent,

Thank you for taking the time to fill out this survey—you will receive a report of the national results and plans for follow-up work with your organization/agency.

A number of the EPN guidelines for improving access to medicines relate to the existence of a functioning drug supply system. This short survey aims to ascertain whether there is a functioning drug supply organization/agency.

This survey aims to identify the (baseline) level of achievement of the EPN Access Guidelines within church health services (CHSs) in your country. The Access Guidelines are attached here, they aim to promote and facilitate church-related health services' adherence to practises that increase access to essential medicines.

Through identifying where we are today, the survey will also inform discussions around how improvements can be made, what support is needed and, as a result, should increase access to essential medicines and supplies.

The questionnaire should be completed by the Executive Director or most senior relevant person in your organization/agency. However, it is understood that they may need to consult with other members of staff and it is suggested that the questionnaire is completed at a senior management meeting where all parties can contribute to the answers.

Where possible, the form should be filled in electronically. The text boxes will expand to fit the text you wish to enter.

The results, while being used to help develop next steps, are confidential and no public link will be made between a specific set of results and a named organization or agency.

Thank you again,

Signature

Returning the questionnaire [EPN partner representative to complete this section]

Please...

Fax to:	
Email to:	
Post to:	

Or arrange for delivery by hand

Instructions for people completing this tool

The Executive Director or a senior staff member should be responsible for completing this survey and returning it. There are no correct answers—we are just trying to understand what is happening in your organization/agency.

- A 'no' means “no, the information or thing does not exist” and that you therefore do not know the answer. Please note—this is not a failure and is nothing to be ashamed of—it just helps us to understand what the situation is.
- A 'yes' means that you have this information and that we may come back to you for further details or ask you to tell others how you manage this process.
- The results will be held confidentially and they will receive a copy of the overall report.

[If you are completing this form on a computer, the document is a specially 'protected' form so that you can only type in the allowed 'fields', or click on the checkboxes with the mouse to mark an 'X'. You can use the 'TAB' and 'SHIFT-TAB' keys and the scroll bar on the right-hand side to move around.]

1. Who are you?	
1.1. Please tell us the name and address of your organization/agency.	
1.1.1. Organization/ agency	
1.1.2. Address	
1.1.3. Phone	
1.1.4. Fax	
1.1.5. Email	
1.1.6. Website	
1.1.7. Owning denomination?	
1.2. Please tell us about yourself.	
1.2.1. Your name	
1.2.2. Your profession	
1.2.3. Your job title	

2.1 The self-assessment survey tool

2.	Yes	No	
2.1. Do you believe that your organization complies with best practices for drug management?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, are these guidelines...			
2.1.1. Local?	<input type="checkbox"/>	<input type="checkbox"/>	
2.1.2. National?	<input type="checkbox"/>	<input type="checkbox"/>	
2.2. How often are reports on drug management available?			
Every days / weeks / months / years	Don't know: <input type="checkbox"/>		

2.3.	Is a documented checklist for good storage conditions available in your organization?	<input type="checkbox"/>	<input type="checkbox"/>	
2.4.	On an annual average, what percentage of essential medicines go out of stock each year?	I don't know: <input type="checkbox"/> We (the organization) don't know: <input type="checkbox"/>		
	Percentage:			
2.5.	How often do you clear out expired stock?	I don't know: <input type="checkbox"/> We (the organization) don't know: <input type="checkbox"/>		
	Every day(s) / weeks / months / years			
2.6.	Does your organization use bin cards?	<input type="checkbox"/>	<input type="checkbox"/>	
2.7.	Does your organization use stock cards?	<input type="checkbox"/>	<input type="checkbox"/>	

3.	Are there SOPs for...	Yes	No	
3.1.	Procurement?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, are the SOPs ...			
3.1.1.	Implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
3.1.2.	Available in the organization in general?	<input type="checkbox"/>	<input type="checkbox"/>	
3.1.3.	Available in the offices of the people responsible for drug management?	<input type="checkbox"/>	<input type="checkbox"/>	
3.1.4.	Receiving delivery of medicines?	<input type="checkbox"/>	<input type="checkbox"/>	
	If yes, are the SOPs ...			
3.1.5.	Implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
3.1.6.	Available in the organization in general?	<input type="checkbox"/>	<input type="checkbox"/>	
3.1.7.	Available in the offices of the people responsible for drug management?	<input type="checkbox"/>	<input type="checkbox"/>	

4.		Yes	No	
4.1.	Do you have a quality assurance policy in place?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.1.1. If yes, is it implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
4.2.	Is there a structure in place to ensure compliance to registration standards?	<input type="checkbox"/>	<input type="checkbox"/>	
4.3.	What is the frequency of regulatory authority visits to ensure compliance?			
	Every <number> days / weeks / months / years			
4.4.	Are there written standard operating procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
4.5.	Is there an 'in view' check system in place and monitored?	<input type="checkbox"/>	<input type="checkbox"/>	
4.6.	Does your DSO run its own quality control laboratory?	<input type="checkbox"/>	<input type="checkbox"/>	
	4.6.1. If yes, what analyses can be carried out?			

4.6.2. If no, do you have access to and use of a quality control laboratory?	<input type="checkbox"/>	<input type="checkbox"/>	
4.6.3. If yes, how often are samples sent to the laboratory?			
Every <number> ... days / weeks / months / years			
4.7. Do you comply with national regulatory authority standards (or an appropriate alternative, such as WHO) for quality assurance?	<input type="checkbox"/>	<input type="checkbox"/>	
4.7.1. If yes, please name the standards.			

5.	Yes	No	
5.1. Do you have pricing policies in place?	<input type="checkbox"/>	<input type="checkbox"/>	
5.2. If yes, are they operationalized?	<input type="checkbox"/>	<input type="checkbox"/>	
5.3. Do you have a documented pricing policy (formula and accounting process, and accounting for windfalls)?	<input type="checkbox"/>	<input type="checkbox"/>	
5.4. Do you have a price list?	<input type="checkbox"/>	<input type="checkbox"/>	
5.5. Is there evidence of implementation of the pricing policy?	<input type="checkbox"/>	<input type="checkbox"/>	

6.	Yes	No	
6.1. Do you comply with national or international drug donations guidelines?	<input type="checkbox"/>	<input type="checkbox"/>	
6.2. Does your organization accept drug donations?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes, ...			
6.2.1. Who do these drug donations generally come from?			
6.2.2. Are donations labelled in a language understood by your customers, staff, and patients?			
Always <input type="checkbox"/> Usually <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/>			
6.2.3. Who initiates the donations?			

7. Regarding transparency mechanisms in support of 'Health for All':	Yes	No	
7.1. Are audited reports available?	<input type="checkbox"/>	<input type="checkbox"/>	
7.2. Are annual reports available?	<input type="checkbox"/>	<input type="checkbox"/>	
7.3. Is a collective planning (annual, strategic) mechanism in place?	<input type="checkbox"/>	<input type="checkbox"/>	
7.4. Is there written policy on monitoring and evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	
7.4.1. If yes, is it implemented?	<input type="checkbox"/>	<input type="checkbox"/>	
7.5. Is there an organogram of the organization?	<input type="checkbox"/>	<input type="checkbox"/>	
7.6. Is there written staff recruitment policy?	<input type="checkbox"/>	<input type="checkbox"/>	
7.6.1. If yes, is it implemented?	<input type="checkbox"/>	<input type="checkbox"/>	

8. What tax exemptions are you able to make use of?

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Below this line, the document is not protected and you can make any additional comments or paste useful information.
